FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED
5	

Name of Offering (check if this is an amendment and name has changed, and indica	te change.)								
Series A Convertible Preferred Stock									
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE									
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA NOV 1 10 72003									
1. Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)								
U.S. TelePacific Holdings Corp.	181								
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)								
515 S. Flower Street, 47th Floor, Los Angeles, CA 90071	(213) 213-3000								
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)								
(if different from Executive Offices) Same as above.	Same as above.								
Brief Description of Business									
Data and voice telecommunications provider.									
	DOCCECED								
Type of Business Organization	- EKAPPAPA								
orporation imited partnership, already formed	other (please specify):								
business trust limited partnership, to be formed	NOV 13 2003								
Month Year									
Actual or Estimated Date of Incorporation or Organization: 0 8 9 9 Actual Estimated									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
CN for Canada; FN for other foreign jurisdiction) D E									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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Enter the information requested for thEach promoter of the issuer, if th	-	within the past five years:		
	-	•		r more of a class of equity securities
Each executive officer and directEach general and managing partr	-	of corporate general and m	anaging partne	rs of partnership issuers; and
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Jalkut, Richard A.				
Business or Residence Address (Numbe c/o U.S. TelePacific Holdings Corp., 515		*		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Marquis, Charles K.				
Business or Residence Address (Numbe c/o U.S. TelePacific Holdings Corp., 515		the state of the s		
Check Box(es) that Apply:	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Glickman, David P.				
Business or Residence Address (Numbe c/o U.S. TelePacific Holdings Corp., 515				
Check Box(es) that Apply:	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Haegg, Lars C.				
Business or Residence Address (Numbe c/o U.S. TelePacific Holdings Corp., 515				
Check Box(es) that Apply: Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Mattson, Jon				
Business or Residence Address (Numbe c/o U.S. TelePacific Holdings Corp., 515		*		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Rader, Stephen P.				
Business or Residence Address (Numberc/o U.S. TelePacific Holdings Corp., 515			: <u> </u>	
Check Box(es) that Apply: Promoter		Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Stadler, Christopher				
	r and Street, City, State, Zip S. Flower Street, 47 th Floor			
	ank sheet, or copy and use a		eet, as necessar	y.)

A. BASIC IDENTIFICATION DATA

2. E	enter the information i	requested for the	following:	•		
•	-		_	within the past five years; or direct the vote or dispos	ition of, 10% or	r more of a class of equity securities
•	Each executive of		r of corporate issuers and or of partnership issuers.	of corporate general and m	anaging partner	rs of partnership issuers; and
Checl	k Box(es) that Apply:		Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
	Name (Last name first	;, if individual)		, <u>, , , , , , , , , , , , , , , , , , </u>		a standard a standard
		•	and Street, City, State, Zip . Flower Street, 47th Floor			
Checl	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
	Name (Last name first pini, Steve	, if individual)				
			and Street, City, State, Zip Flower Street, 47th Floor			
Checl	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
	Name (Last name first	., if individual)				
			and Street, City, State, Zip . Flower Street, 47th Floor			
Checl	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
	Name (Last name first	, if individual)				
			and Street, City, State, Zip . Flower Street, 47th Floor			
Check	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	Name (Last name first	;, if individual)				
			and Street, City, State, Zip. Flower Street, 47th Floor			
Check	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	⊠ Executive Officer	Director	General and/or Managing Partner
	Name (Last name first ne, Norman	, if individual)				
			and Street, City, State, Zip . Flower Street, 47th Floor			
Checl	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	Name (Last name first	, if individual)				
Busin	ness or Residence Add		and Street, City, State, Zip . Flower Street, 47 th Floor			
				additional copies of this sho	eet, as necessary	y.)

A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) James, Michael Business or Residence Address (Number and Street, City, State, Zip Code) c/o U.S. TelePacific Holdings Corp., 515 S. Flower Street, 47th Floor, Los Angeles, CA 90071 Beneficial Owner ■ Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Everbach, Erich E. Business or Residence Address (Number and Street, City, State, Zip Code) c/o U.S. TelePacific Holdings Corp., 515 S. Flower Street, 47th Floor, Los Angeles, CA 90071 ☐ Beneficial Owner Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Prinzi, Cardi Business or Residence Address (Number and Street, City, State, Zip Code) c/o U.S. TelePacific Holdings Corp., 515 S. Flower Street, 47th Floor, Los Angeles, CA 90071 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Hodgson, John Business or Residence Address (Number and Street, City, State, Zip Code) c/o U.S. TelePacific Holdings Corp., 515 S. Flower Street, 47th Floor, Los Angeles, CA 90071 Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) TelePacific Equity Limited Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 1111, Westwind Building, 2nd Floor, Harbour Drive, Georgetown, Grand Cayman, Cayman Islands, British West Indies Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Investcorp TPC Limited Partnership Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 1111, Westwind Building, 2nd Floor, Harbour Drive, Georgetown, Grand Cayman, Cayman Islands, British West Indies Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code)

) in the contract of the contr			B. I	NFORMA'	TION ABC	UT OFFE	RING				
			<u>-</u>		· · · · · · · · · · · · · · · · · · ·				<u></u>		Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes				
0 110							_					
2. What is the minimum investment that will be accepted from any individual?												
3. Does th	ne offering p	oermit joint	ownership	of a single	unit?						Yes 🖂	No
4 T-+ 1	l	·:			.h., h., h.,						_	
commis a person states, l	ssion or sim n to be liste list the nam	ilar remune ed is an asso se of the bro	ted for each eration for sociated persocker or deal forth the inf	olicitation of on or agent er. If more	of purchases of a brokes than five	rs in connec r or dealer r (5) persons	tion with sa egistered w to be listed	ales of secur	rities in the and/or wit	offering. It	f r	
Full Name Not appli	(Last name											
				<u> </u>								
Business o	r Residence	: Address (f	Number and	Street, Cit	y, State, Zıp	Code)						
Name of A	ssociated B	roker or De	ealer		*****							74.800 <u>24.24</u> <u>10.</u>
States in W	/hich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers	 _					
•			lividual Star	-			_					. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	(Last name	first, if ind	lividual)	<u></u>			-					
Business o	r Residence	Address (1	Number and	Street, City	y, State, Zip	Code)						
				,								
Name of A	ssociated B	roker or De	ealer									
			s Solicited									
			lividual Stat									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT] [,]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name			·									
Business o	r Residence	: Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer						<u> </u>			
States in W	hich Person	n Listed Ha	s Solicited o	or Intends t	o Solicit Pu	rchasers	·					
			lividual Stat									☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	- [UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		
	Equity Common 🔀 Preferred <u>Convertible</u>	\$ <u>1,252,000.00</u>	\$ <u>1,252,000.00</u>
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	·	****
	Total	\$1,252,000.00	\$1,252,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$1,252,000.00
	Non-accredited Investors	0	\$ <u>0.00</u>
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amoun Sold
	Rule 505		
	Regulation A		
	Rule 504		
	Total		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		
	Printing and Engraving Costs		,
	Legal Fees	🛛	\$25,000.00
	Accounting Fees		
	Engineering Fees		·
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		<u> </u>
	Total		\$25,000.00
	1 040	<u>\times</u>	Ψ <u>ευ,υυυ.υυ</u>

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AN	ND US	E OF P	ROCEEDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part gross proceeds to the issuer."	C - Question 4.a. This difference is the "adj	usted			\$ <u>1</u>	,227,000.00
	Indicate below the amount of the adjusted gross proof the purposes shown. If the amount for any purpose the left of the estimate. The total of the payment issuer set forth in response to Part C - Question 4.b a	ise is not known, furnish an estimate and check thats listed must equal the adjusted gross proceeds to	e box				
	associate for an interpolitic to Tate C Question 4.00			Of Dire	ments to ficers, ctors, & filiates		Payments to Others
	Salaries and fees						
	Purchase of real estate				<u></u>		
	Purchase, rental or leasing and installation of	machinery and equipment					
	Construction or leasing of plant buildings and	facilities					
	Acquisition of other business (including the va offering that may be used in exchange for the						
	issuer pursuant to a merger)						
	Repayment of indebtedness						
	Working capital					\boxtimes	\$ <u>1,227,000.0</u>
	Other (specify):						
				***************************************			· ·
	Column Totals					\boxtimes	\$ <u>1,227,000.0</u>
	Total Payments Listed (column totals added) .				\$ <u>1,227,00</u>	00.00	
		D. FEDERAL SIGNATURE					
follo	issuer has duly caused this notice to be signed owing signature constitutes an undertaking by the taff, the information furnished by the issuer to any	issuer to furnish to the U.S. Securities and Exc	hange	Commis	ssion, upon		
Issu	er (Print or Type)	Signature		D	ate		
U.	S. TelePacific Holdings Corp.	Entritealel		- N	lovember 6	, 2003	
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)					,, , , , , , , , , , , , , , , , , , ,
Er	ich E. Everbach	General Counsel and Secretary					

ATTENTION